

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/25/2013  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |  |  |   |  |  |                            |
|--|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>15C0001071</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MICHIANA</b><br><br>B. WING _____                       |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/23/2013</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MICHIANA ENDOSCOPY CENTER</b> |   |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>53830 GENERATIONS DR STE A</b><br><b>SOUTH BEND, IN 46635</b> |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |  |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE |
| {K 000}  | <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 07/31/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 09/23/13</p> <p>Facility Number: 009761<br/>Provider Number: 15C0001071<br/>AIM Number: 200156540A</p> <p>Surveyor: Robert Booher, Life Safety Code Specialist</p> <p>At this PSR survey, Michiana Endoscopy Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 416.44(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies.</p> <p>This facility located in a one story building determined to be of Type II (111) construction was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors.</p> <p>Quality Review by Dennis Austill, Life Safety Code Supervisor on 09/23/13.</p> |  |  | {K 000}   |  |  |                            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.